

State of Connecticut  
Department of Public Safety  
Division of State Police

## Request For Copy Of Report

Name of Person Requesting Report Copy:		
(First,	MI,	Last)
Mailing Address:		
Street/ / P.O. Box		
City	State	ZIP CODE

Enclose search fees by check or money order payable to "Department of Public Safety" in the proper amount:

Indicate the number of uncertified report copies requested: \_\_\_\_\_ @ \$8.00 each

Indicate the number of certified report copies requested: \_\_\_\_\_ @ \$9.00 each

Total Amount: \$ \_\_\_\_\_

Mail the check or money order in the amount required and this request to: DPS Reports & Records Unit, PO Box 2794, Middletown, CT 06457-9294.

Case Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

City or Town of Incident: \_\_\_\_\_

Name of Any Principal Party:

\_\_\_\_\_  
Last, First, How involved

\_\_\_\_\_  
Last, First, How involved

\_\_\_\_\_  
Last, First, How involved

Provide Any Additional Available Information:


*For Official Use Only*

Request completed by: \_\_\_\_\_

Date: \_\_\_\_\_